

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	misnumbered claims			
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TOTAL IND.	2					
TOTAL DEP.	17	→	→	→	→	→
TOTAL CLAIMS	16					

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TOTAL IND.		→	→	→	→	→
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS						